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<b>SUPPLEMENTAL DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.67)</b>	Attorney Docket Number	025562.0012-US00
	First Named Inventor	Bradley P. Glassman
	COMPLETE IF KNOWN	
	Application Number	10/127,963-Conf. #5511
	Filing Date	April 22, 2002
	Art Unit	1615
Examiner Name	S. Howard	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF TREATING ONYCHOMYCOSIS WITH UREA AND AN ANTIOXIDANT

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 04/22/2002 as United States Application Number or PCT International

Application Number 10/127,963 and was amended on (MM/DD/YYYY) 09/05/2003

I hereby declare that the subject matter of the ☐ attached amendment☒ amendment filed on 09/05/2003

was part of the invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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**SUPPLEMENTAL DECLARATION — UTILITY OR DESIGN PATENT APPLICATION**Direct all correspondence to: ☒ Customer Number: 26853 OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventorGiven  
Name

Bradley P.

Family Name  
or Surname

Glassman

Inventor's  
Signature

Fairfield

NJ

United States of America

Date 12/1/03

Residence: City

State

Country

Citizenship

US

Mailing  
Address:

905 Binghampton Lane

City

Livingston

NJ

ZIP

07039

United States of America  
Country

Name of Second Inventor:

☐ A petition has been filed for this unsigned inventorGiven  
Name

Dileep

Family Name  
or Surname

Bhagwat

Inventor's  
Signature

Bronxville

NY

United States of America

Date Nov 18, 2003

Residence: City

State

Country

Citizenship

US

Mailing  
Address:

42 Summit Avenue

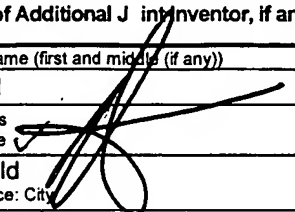
City

Bronxville

NY

ZIP

United States of America  
Country☒Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

<b>DECLARATION</b>				<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>	
				Page 1 of 1	
<b>Name of Additional Joint Inventor, if any:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Daniel			Glassman		
Inventor's Signature 			Date <input checked="" type="checkbox"/> 1/7/04		
Fairfield Residence: City		NJ State	United States of America Country		US Citizenship
Mailing Address:		Bradley Pharmaceuticals, Inc. 383 Route 46 West			
Fairfield City		NJ State	07004-2402 Zip		United States of America Country
<b>Name of Additional Joint Inventor, if any:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State	Country		Citizenship
Mailing Address:					
City		State	Zip		Country
<b>Name of Additional Joint Inventor, if any:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State	Country		Citizenship
Mailing Address:					
City		State	Zip		Country
<b>Name of Additional Joint Inventor, if any:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State	Country		Citizenship
Mailing Address:					
City		State	Zip		Country

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	10/127,963-Conf. #5511
	<b>Filing Date</b>	April 22, 2002
	<b>First Named Inventor</b>	Bradley P. Glassman
	<b>Art Unit</b>	1615
	<b>Examiner Name</b>	Not Yet Assigned
	<b>Attorney Docket Number</b>	025562.0012-US00

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number  → 

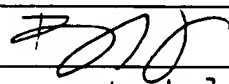
OR

<input type="checkbox"/> Firm or Individual Name					
Address					
City					
Country		State		Zip	
Telephone			Fax		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
**SIGNATURE of Applicant or Assignee of Record**

Name	Bradley P. Glassman — Vice President, Marketing		
Signature			
Date	7/10/03	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.

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<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application Number		10/127,963-Conf. #5511	
	Filing Date		April 22, 2002	
	First Named Inventor		Bradley P. Glassman	
	Title	METHOD OF TREATING ONYCHOMYCOSIS WITH UREA, etc.		
	Art Unit		1615	
	Examiner Name		Not Yet Assigned	
Attorney Docket No.		025562.0012-US00		

I hereby appoint:

☒ Practitioners at Customer Number 26853 →

*Customer Number* *Customer Number Bar Code*

☐ OR  
Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

☐ OR  
Practitioners at Customer Number  →

*Customer Number* *Customer Number Bar Code*

☐ Firm or Individual Name

Address

City	State	Zip	
Country	Telephone	Fax	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	Bradley P. Glassman — Vice President, Marketing		
Signature			
Date	<span style="border: 1px solid black; padding: 2px 20px;">7/15/03</span>	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below\*.

☐ \*Total of 1 forms are submitted.

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Bradley P. Glassman, et al.

Application No./Patent No.: 10/127,963 Filed/Issue Date: April 22, 2002

Entitled: METHOD OF TREATING ONYCHOMYCOSIS WITH UREA AND AN ANTIOXIDANT

Bradley Pharmaceuticals, Inc., a Corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or  
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

- A. [x] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012828, Frame 0032, or for which a copy thereof is attached.

OR

- B. [ ] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.  
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.  
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

[ ] Additional documents in the chain of title are listed on a supplemental sheet.

[ ] Copies of assignments or other documents in the chain of title are attached.

**[NOTE:** A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

✓ 7/10/03  
Date

\_\_\_\_\_  
Telephone Number

Bradley P. Glassman  
Typed or printed name

✓ [Signature]  
Signature

Vice President, Marketing  
Title

**SMALL BUSINESS**

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 C.F.R. 1.9(f)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

- a) ☐ the owner of the small business concern identified below:  
b) ☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Bradley Pharmaceuticals, Inc.  
ADDRESS OF CONCERN: 383 Route 46 West  
Fairfield, NJ 07004

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 C.F.R. 121.801-805, and reproduced in 37 C.F.R. 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled METHOD OF TREATING ONYCHOMYCOSIS WITH UREA AND AN ANTIOXIDANT by inventor(s) Bradley P. Glassman, Dileep Bhagwat, and Daniel Glassman described in

- a) ☒ the specification filed herewith.  
b) ☐ provisional application serial no. \_\_\_, filed \_\_\_.  
c) ☐ non-provisional application serial no. \_\_\_, filed \_\_\_.  
d) ☐ patent no. \_\_\_, issued \_\_\_.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 C.F.R. 1.9(c) or by any concern which would not qualify as a small business concern under 37 C.F.R. 1.9(d) or a nonprofit organization under 37 C.F.R. 1.9(e).

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
a) ☐ INDIVIDUAL      b) ☐ SMALL BUSINESS CONCERN      c) ☐ NONPROFIT ORGANIZATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
a) ☐ INDIVIDUAL      b) ☐ SMALL BUSINESS CONCERN      c) ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. 1.27(g)(2))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereof, or any patent to which this verified statement is directed.

NAME: BRAD GLASSMAN  
TITLE: V.P., MARKETING  
ADDRESS: 383 ROUTE 46 WEST FAIRFIELD NJ 07004

SIGNATURE: [Signature]      Date: 4/2/02

